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Apr 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **825494** (8)

1. Corporation Name
AIRCRAFT SERVICE INTERNATIONAL, INC.

Principal Place of Business
**8240 NW 52ND TERRACE SUITE #200
MIAMI FL 33166-7768**

Mailing Address
**8240 NW 52ND TERRACE SUITE #200
MIAMI FL 33166-7768**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/16/1970	3a. Date of Last Report 01/31/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 38-1844892	Applied For ☐ Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24	Country	29	Country	6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and fee, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☒ DELETE	1.1 TITLE	Exec. V.P. & General Manager ☐ Change ☒ Addition
NAME	TEETS, JOHN W	1.2 NAME	Torman, Robert
STREET ADDRESS	5303 E. DESERT PARK LN.	1.3 STREET ADDRESS	109 Jamerlane
CITY-ST-ZIP	SCOTTSDALE AZ	1.4 CITY-ST-ZIP	Peachtree City, GA 30269
TITLE	V ☐ DELETE	2.1 TITLE	
NAME	STAUFFER, LLOYD M., JR.	2.2 NAME	
STREET ADDRESS	3228 BEECHBERRY CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	DAVE FL	2.4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	3.1 TITLE	
NAME	PETTIT, DAVID R., JR.	3.2 NAME	
STREET ADDRESS	883 W. COCO PLUM CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	3.4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	4.1 TITLE	
NAME	BLAUCH, MAURICE W., II	4.2 NAME	
STREET ADDRESS	11025 SW 139 CT.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	5.1 TITLE	
NAME	GASSETT, JOHN W.	5.2 NAME	
STREET ADDRESS	1221 NW 76 AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	5.4 CITY-ST-ZIP	
TITLE	VS ☒ DELETE	6.1 TITLE	Director ☐ Change ☒ Addition
NAME	EMERSON, FREDERICK G	6.2 NAME	Bohannon, Robert
STREET ADDRESS	4011 E. SAN JUAN AVE	6.3 STREET ADDRESS	6819 E. Hummingbird Lane
CITY-ST-ZIP	PHOENIX AZ	6.4 CITY-ST-ZIP	Paradise Valley, AZ 85253

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day _____ Date _____ Daytime Phone # _____

CR2E034 (9/96)